lication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

										-	 -	
CLAIMS AS			S FILED (Colum		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
· TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			21 minus 20=		* 7 ₄]	X\$ 9=		OR	X\$18=	126
INDEPENDENT CLAIMS			3 - minus 3 =		*			X42=		OR	X84=	<u> </u>
MULTIPLE DEPENDENT CLAIM PI			RESENT]	.140-		1	+280=	280
* [1	the difference	e in column 1 is	less than z	ero, enter	"0" in c	olumn 2	-	+140=		OR	TOTAL	13171
CLAIMS AS AMENDED								TOTAL		OR	OTHER	THAN
		(Column 1)	(Column 2) (Column 3))	SMALL	EŃTITY	OR	SMALL		
AMENDMENT A	CLAIMS			HIGH	EST			*************************************	ADDI-	1 1		ADDI-
		REMAINING - AFTER - AMENDMENT.		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE -	TIONAL- FEE
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	1 [X42=		OR	X84=	.,
	FIRST PRESE	ENTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		1	+140=		OR	+280=	s
							L	TOTAL		\I	TOTAL	
:	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		J /	ADDIT. FEE	•
AMENDMENT B		(Column 1) CLAIMS		HIGH		(Column 3)	, 1		ADDI-		·	ADDI-
		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL, FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***			1 [X42=		OR	X84=	
	FIRST PRESE	NTATION OF ML	JETIPLE DEI	PENDENT	CLAIM	<u>. </u>	1	140			+280=	
				•			L	+140= TOTAL		OH	TOTAL	
				•			. A	DDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)		DIC		,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	-	PRESENT EXTRA		DLE Y	ADOI- I TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	JF	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╛┞	•				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE	
		mber Pr viously Pa iber Pr viously Paid					er foun	id in the app	ropriate box	in colu	ımn 1.	·